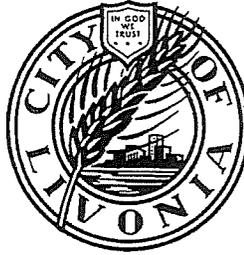


LIVONIA HOUSING COMMISSION

ERMON SIMS
INTERIM DIRECTOR

MEMBERS
CARL DEAL
DALE MOSER
ELEANOR MALONE
BRIAN SCOTT
KREUZA GJEZI



MAUREEN MILLER
BROSAN
MAYOR

NEWBURGH VILLAGE
11999 NEWBURGH RD.
LIVONIA, MICHIGAN 48150-5424
(734) 591-5935

(734) 591-8190 FAX

Dear Newburgh Village Applicant:

The Livonia Housing Commission requires that your residency be verified at the time you place this application in our office. This will assure your name being placed on the waiting list.

Please be sure to complete the attached application both front and back (don't forget to date and sign it on page two) and indicate your preference as to apartment size desired (one bedroom, two bedroom or no preference). You must attach a copy of your driver's license or State of Michigan photo I.D. card (front and back) to the application and mail both to the above address.

If you are going on the "Non-Livonia Resident" waiting list, you must provide a copy of your driver's license (front and back).

Income requirements for residency are subject to change from year to year. Your eligibility will be based on the income limits in place at the time you are contacted for a vacancy. Current income limits are available on the city website and in the current brochure.

Note that all housing units and community buildings are smoke-free.

Please be advised that the Livonia Housing Commission will review all documents to assure their accuracy.

If you should have any questions regarding this matter, please call the Newburgh Village office at (734) 591-5935.

Yours very truly,

Ermon Sims

Ermon Sims, Interim Executive Director
Livonia Housing Commission

Attachment: Application

How did you hear about LHC Housing opportunities?

- Relative
- Friend
- Senior Expo
- City Newsletter
- Website
- Other

MAIL APPLICATION TO:
NEWBURGH VILLAGE
11999 NEWBURGH RD
LIVONIA, MI 48150



**All LHC Properties
are SMOKE FREE**

ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER TO PROCESS THIS APPLICATION.

PLEASE PRINT

Name		
Street Address		Apt. No.
City	State	Zip Code
Home Phone	Cell Phone	Email Address

Apartment Size Preference: 1-Bedroom ___ 2-Bedroom ___ First Available ___

Are you requesting a barrier free unit? Yes ___ No ___ (Accessible for those with mobility issues)

FAMILY COMPOSITION

List yourself and all persons who will live in the rental unit with you:

Full Name	Relationship	Date of Birth	Age	Gender	Social Security No.
	Head of Household				

INCOME

List all income for everyone in the household. (Example: Social Security, Pension, Unemployment Benefits, Wages, SSI, SSD, Child Support, Income from Rental Property, Land Contracts, Self-Employment, Etc.)

Household Member	Source of Income	Amount	How Often it is Received

Do you currently work within the Livonia city limits? YES: ___ NO: ___

Name and Address of Employer:	Date of Retirement:

ASSETS

List all assets for everyone in the household.

Account Type	Name and Address of Financial Institution	Value of Asset – Interest Rate
Checking		
Saving		
Money Market		
Certificate of Deposit		
Retirement Account		
Annuity		
Stock and/or Bonds		
Life Insurance		
Real Estate		

RENTAL HISTORY

List the last two addresses in which you resided the last 5 years.

Address	Landlord Name	Landlord Phone Number	Rent/Own
What are your current monthly housing costs? (Rent, utilities)	\$		
Have you ever been evicted or charged with a lease violation?	Yes/No	If Yes, Explain	

CRIMINAL BACKGROUND HISTORY

Have you or any household member ever been convicted of any crime, either a misdemeanor or felony?	Yes/No	If Yes, describe when, where, and what nature of offence and disposition.
Are you or any household member subject to a State lifetime sex offender registration requirement?	Yes/No	
Have you ever been or are you currently enrolled in a drug or alcohol dependency program?	Yes/No	

The following information is used for statistical purposes so that the US Government Department of Housing and Urban Development may determine the degree to which the housing program is assisting minority families and/or homelessness. Checking is optional.

_____ White _____ African American _____ American Indian or Alaskan Native

_____ Asian _____ Hawaiian or Pacific Islander _____ Hispanic _____ Other

_____ Homeless – At the time of this application are you homeless as defined by the U.S. Department of Housing and Urban Development or fleeing a domestic violence situation?

Information listed above is needed in order to give you the benefit of any priority which you may be entitled to. Please keep all important papers in your possession. You will be requested to present them so that verification of the necessary information can be made. Information supplied by you will be held confidential.

I understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my knowledge and I have no objection to inquires being made for the purpose of verifying the statements made herein. I also understand the information provided by me will be kept confidential unless the Livonia Housing Commission is required by court order to release it.

Warning:

Section 101 of the title 18 U.S.C. provides: “Whoever in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies a material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both”.

Signed _____ Date _____
Head of Household

Signed _____ Date _____
Spouse / Other Adult

Office Use Only Original Application: _____ Date _____

FOR OFFICE USE ONLY:
APPLICATION DATE _____
ELDERLY _____
DISABLED _____
FAMILY _____
RESIDENT _____

Accepted by Livonia Housing Commission Representative

LIVONIA HOUSING COMMISSION

BRANDIE M. ISAACSON
DIRECTOR

MEMBERS
JOHN BRYAN
CARL DEAL
DALE MOSER
ELEANOR MALONE
BRIAN SCOTT



MAUREEN MILLER BROSNAN
MAYOR

PATRICK V. McNAMARA TOWERS
19300 PURLINGBROOK ROAD
LIVONIA, MICHIGAN 48152-1902
(248) 477-7086
(248) 477-5494 TDD
(248) 477-0172 FAX

Dear Applicant,

By completing this form, you authorize the Livonia Housing Commission to obtain information it deems necessary to further process your application. Please read carefully and sign below.

I hereby authorize the Livonia Housing Commission to obtain any information it deems necessary to process my application. The information to be obtained may include civil/criminal judgments obtained through local, state, and or federal law enforcement agencies, credit reports, employment/salary information, rental history and any other relevant information

I release the Livonia Housing Commission, its employees, and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I hereby waive any claim for damages by reason of non-acceptance of this application, which the Livonia Housing Commission or its agent may reject.

Signature

Print Full Name

Street Address

Apt Number

City

State

Zip Code

Date of Birth

Gender

Race/Ethnicity

Social Security Number

Driver's License / State ID Number

Previous Names or Aliases



EQUAL HOUSING
OPPORTUNITY